

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000030779

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** EYE SPECIALIST'S LASER & SURGERY CENTER, INC.

**Current Principal Place of Business:**

12453 SOUTH CLEVELAND AVE.  
FT. MYERS, FL 33907

**New Principal Place of Business:**

12453 SOUTH CLEVELAND AVENUE  
SUITE 100  
FT. MYERS, FL 33907

**Current Mailing Address:**

8661 CAJEPUT COVE  
FT. MYERS, FL 33919

**New Mailing Address:**

12381 SOUTH CLEVELAND AVENUE  
SUITE 300  
FT. MYERS, FL 33907

**FEI Number:** 27-2348018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WINESETT, RICHARD W  
2248 FIRST ST.  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

SAYRE, AVA  
12381 SOUTH CLEVELAND AVENUE  
SUITE 300  
FT. MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** AVA SAYRE

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GOROVY, MARK S  
**Address:** 12453 SOUTH CLEVELAND AVEUE, SUITE 100  
**City-St-Zip:** FT. MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARK S. GOROVY

MD

01/27/2011

Electronic Signature of Signing Officer or Director

Date